

**HAND
DELIVERED**

Page 1 of 5

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B
For New Members, Candidates, and New Employees

2019 OCT 22 AM 11:06

Name: Amida Jacqueline Tseng Daytime Telephone _____

 (Office Use Only)

**FILER
STATUS**

☒ New Member of or Candidate for
U.S. House of Representatives State: GA
District: 7

Candidates - Date of Election: _____

☐ Check if
Amendment

☐ New Officer or Employee
Employing Office: _____

Staff Filer Type (if Applicable):
☐ Shared ☐ Principal Assistant

Period Covered: January 1, 2018
to October 22, 2019

A \$200 penalty shall be assessed against any
individual who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:

a. Own any reportable asset that was worth more than \$1,000 at the
end of the reporting period? or

b. Receive more than \$200 in unearned income from any reportable
asset during the reporting period?

Yes ☒ No ☐

E. Did you hold any reportable positions during the reporting
period or in the current calendar year up through the date of filing?

Yes ☒ No ☐

C. Did you or your spouse have "earned" income (e.g., salaries,
honoraria, or pension/IRA distributions) of \$200 or more during the
reporting period?

Yes ☒ No ☐

F. Did you have any reportable agreement or arrangement with an
outside entity during the reporting period or in the current calendar
year up through the date of filing?

Yes ☐ No ☒

D. Did you, your spouse, or your dependent child have any reportable
liability (more than \$10,000) at any point during the reporting period?

Yes ☐ No ☒

J. Did you receive compensation of more than \$5,000 from a
single source in the current year and two prior years?

Yes ☐ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded
from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for
exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

Page 2 of 5

[illegible]

Page 3 of 5

Use additional sheets if more space is required.

Page 4 of 5

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS AND PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

[illegible]

SCHEDULE D – LIABILITIES

Name: **Amida Jacqueline Tseng**

Page **5** of **5**

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/16	Mortgage on Rental Property, Dover, DE				X							
	NONE													

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Treasurer	Taiwanese Junior Chamber of Commerce of Gainesville Georgia